Vermont Department of Education

Final Report/Tobacco Use and Prevention Grants
DUE BY JUNE 1, 2009

Supervisory Union: **Information Completed by:**

Please report briefly in the following areas:
Were there any changes from your grant application in curricula implementation, policy development, or program implementation?
If so, please describe below.

Provide the number of educators attending tobacco prevention curriculum training this school year.

Know Your Body _____ **Life Skills** _____ **Project TNT** _____ **Michigan Model** _____ **Teenage Health Teaching Module** _____

Check programs in place for each school within your supervisory union:

Name of School	TAP/TEG	N-O-T	VKAT	OVX	VTLSP/SADD

Provide number of participants engaged in school/community prevention campaigns:

Activity/Common Theme	Number of Schools Involved	Number of Youth Involved	Number of Staff Involved
Butts of Hollywood Campaign			
Quit/Cessation Campaign			
Second Hand Smoke			
KBD (Kick Butts Day) Event			
Great American Smoke Out			
Wellness Event			
Other:			

Describe any needs you anticipate for training or technical assistance for the coming year:

Comments:

Please be sure to include Attachment A for <u>each school</u>, and then mail to:
Kate Larose
Vermont Department of Education
120 State Street
Montpelier, VT 05620-2501

Attachment A
Curricula Implementation Report
Copy & Complete a Separate Sheet for EACH SCHOOL in Your District

School Name: _____   **SU/District or Independent School:** _____

	List the number of students & the grade level for the curriculum taught in the school year ending in June, 2009												
	K	**1st**	**2nd**	**3rd**	**4th**	**5th**	**6th**	**7th**	**8th**	**9th**	**10th**	**11th**	**12th**
Botvin's LifeSkills (LST)	____	____	____	____	____	____	____	____	____	____	____	____	____
Know Your Body (KYB)	____	____	____	____	____	____	____	____	____	____	____	____	____
Teenage Health Teaching Modules (THTM)	____	____	____	____	____	____	____	____	____	____	____	____	____
Michigan Model (MM)	____	____	____	____	____	____	____	____	____	____	____	____	____
Project Towards No Tobacco Use (TNT)	____	____	____	____	____	____	____	____	____	____	____	____	____
☐ This school is currently not implementing one of these five curricula.	If school is not using any of the evidence-based curricula above, please briefly explain why not:												